

.....  
(Original Signature of Member)

117TH CONGRESS  
2D SESSION

**H. R.** \_\_\_\_\_

To require the Secretary of Health and Human Services to award a contract to an eligible nonprofit entity to establish and maintain a health care claims database for purposes of lowering Americans' health care costs, and for other purposes.

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

Mr. BEYER introduced the following bill; which was referred to the Committee on \_\_\_\_\_  
\_\_\_\_\_

**A BILL**

To require the Secretary of Health and Human Services to award a contract to an eligible nonprofit entity to establish and maintain a health care claims database for purposes of lowering Americans' health care costs, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the "National All-Payer  
5 Claims Database Act of 2022".

1 **SEC. 2. ESTABLISHMENT AND MAINTENANCE OF HEALTH**  
2 **CARE CLAIMS DATABASE TO LOWER HEALTH**  
3 **CARE COSTS.**

4 (a) IN GENERAL.—Not later than the date that is  
5 180 days after the date of the enactment of this Act, the  
6 Secretary of Health and Human Services (referred to in  
7 this section as the “Secretary”), acting through the Direc-  
8 tor of the Agency for Healthcare Research and Quality  
9 and in consultation with the Secretary of Labor and the  
10 Assistant Secretary for Planning and Labor of the De-  
11 partment of Health and Human Services, shall award a  
12 contract in accordance with subsection (b) to an eligible  
13 nonprofit entity described in such subsection for purposes  
14 of carrying out the requirements of such entity under this  
15 section.

16 (b) CONTRACT WITH ELIGIBLE NONPROFIT ENTI-  
17 TY.—

18 (1) COMPETITIVE PROCEDURES.—The Sec-  
19 retary shall award the contract described in sub-  
20 section (a) to an eligible nonprofit entity described  
21 in paragraph (2) using full and open competition  
22 procedures pursuant to chapter 33 of title 41,  
23 United States Code.

24 (2) ELIGIBLE NONPROFIT ENTITY.—An eligible  
25 nonprofit entity described in this paragraph is a  
26 nonprofit entity that—

1 (A) is governed by a board that includes—

2 (i) representatives of the academic re-  
3 search community; and

4 (ii) individuals with expertise in public  
5 and employer-sponsored insurance, re-  
6 search using health care claims data, and  
7 actuarial analysis; and

8 (B) conducts its business in an open and  
9 transparent manner that provides the oppor-  
10 tunity for public comment on its activities.

11 (3) CONSIDERATIONS.—In awarding a contract  
12 to an eligible nonprofit entity under this section, the  
13 Secretary shall consider the experience of each eligi-  
14 ble nonprofit entity in—

15 (A) collecting and aggregating health care  
16 claims data and ensuring quality assurance and  
17 privacy and security of such claims data;

18 (B) supporting academic, private, and pur-  
19 chaser research on health care costs, spending,  
20 and utilization for and by privately or publicly  
21 insured patients;

22 (C) working with large health insurance  
23 issuers, group health plans, and third-party ad-  
24 ministrators of group health plans to assemble  
25 a health care claims database;

1 (D) effectively collaborating with and en-  
2 gaging stakeholders to develop reports;

3 (E) meeting budgets and timelines, includ-  
4 ing with respect to developing reports; and

5 (F) facilitating the creation of, or sup-  
6 porting, State all-payer claims databases.

7 (4) PERIOD OF CONTRACT.—

8 (A) IN GENERAL.—A contract awarded  
9 under this section shall be for a period of 5  
10 years (or, in the case of the first such contract  
11 awarded under this section, for a period of 10  
12 years) and may be renewed, subject to the full  
13 and open competition procedures described in  
14 paragraph (1).

15 (B) TRANSITION OF CONTRACT.—In the  
16 case that a contract is not renewed for a subse-  
17 quent 5-year period under subparagraph (A)  
18 after the use of the full and open competition  
19 procedures described in paragraph (1), the Sec-  
20 retary shall require the entity whose contract is  
21 expiring to transfer all data maintained by the  
22 health care claims database described in para-  
23 graph (5)(A) to the entity to whom the Sec-  
24 retary has awarded a contract for the subse-  
25 quent 5-year period. The entity whose contract

1 is expiring may not disclose such data to any  
2 other entity or keep such data after the expira-  
3 tion of such contract.

4 (5) REQUIREMENTS OF CONTRACT.—Each con-  
5 tract awarded under this section shall require the  
6 entity awarded such contract to carry out each of  
7 the following:

8 (A) Establish and maintain a health care  
9 claims database in accordance with the require-  
10 ments of the HIPAA privacy regulation and  
11 other standards prescribed by the advisory com-  
12 mittee under subsection (e).

13 (B) Ensure that such health care claims  
14 database makes available data submitted under  
15 subsection (d) in accordance with the require-  
16 ments of subsection (c).

17 (C) In the case that the contract is not re-  
18 newed after the end of the 5-year period of the  
19 contract, carry out the transfer of data required  
20 pursuant to paragraph (4)(B) during the 18-  
21 month period ending on the day of the expira-  
22 tion of such contract in accordance with a  
23 schedule and process determined by the Sec-  
24 retary.

1 (D) Comply with the HIPAA privacy regu-  
2 lation in the same manner and to the same ex-  
3 tent as such regulation applies to a covered en-  
4 tity (as defined pursuant to such regulation).

5 (E) Strictly limit staff access to such  
6 health care claims database to staff with appro-  
7 priate training, clearance, and background  
8 checks, and require such staff to undergo reg-  
9 ular privacy and security training.

10 (F) Maintain effective security standards  
11 for transferring data from such health care  
12 claims database and making such data available  
13 to all individuals and entities who are author-  
14 ized users pursuant to subsection (c)(2).

15 (G) Adhere to best security practices with  
16 respect to the management and use of such  
17 data for health services research, in accordance  
18 with applicable Federal privacy law.

19 (H) Develop cross-State and regional re-  
20 porting using data submitted to such database  
21 to support Federal and State analyses of health  
22 care access, utilization, and costs.

23 (I) Develop dashboards and other tools in  
24 such database to allow entities authorized to

1 use such database to view subsets of nationally-  
2 aggregated data.

3 (J) Respond to State, Federal, and Con-  
4 gressional requests relating to data maintained  
5 in such database.

6 (K) Establish a committee that includes  
7 representatives from Federal and State Govern-  
8 ments and health care consumers to ensure op-  
9 erations transparency and accountability for the  
10 actions of the entity.

11 (c) AVAILABILITY OF DATA FROM HEALTH CARE  
12 CLAIMS DATABASE.—

13 (1) IN GENERAL.—Subject to paragraph (2),  
14 the entity maintaining the health care claims data-  
15 base described in subsection (b)(5)(A) shall make  
16 available the data submitted under subsection (d) (in  
17 accordance with privacy and security policies estab-  
18 lished by the committee described in subsection  
19 (b)(5)(K)), at cost (taking into account any cost as-  
20 sociated with the acquisition and processing such  
21 data and other administration costs of the entity) or,  
22 in the case of a Federal or State agency or State all-  
23 payer claims database sharing data with the entity,  
24 at no cost, not later than 6 months after such data  
25 is so submitted—

1 (A) to patients;

2 (B) to health care providers and hospitals;

3 (C) to group health plans and health insur-  
4 ance issuers offering individual or group health  
5 insurance coverage;

6 (D) to States;

7 (E) to any State all-payer claims database  
8 and regional health care claims database oper-  
9 ated pursuant to the authorization of each  
10 State covered by such regional health care  
11 claims database that shares data with the enti-  
12 ty;

13 (F) to any individual or entity conducting  
14 research;

15 (G) to the Secretary of Defense for pur-  
16 poses of carrying out the TRICARE program  
17 under chapter 55 of title 10, United States  
18 Code;

19 (H) to the Secretary of Veterans Affairs  
20 for purposes of carrying out the VA health care  
21 program;

22 (I) to the Director of the Office of Per-  
23 sonnel Management for purposes of carrying  
24 out the Federal Employees Health Benefits

1 Program established under chapter 89 of title  
2 5, United States Code; and

3 (J) to the Director of the Congressional  
4 Budget Office, the Comptroller General of the  
5 United States, the Administrator of the Centers  
6 for Medicare & Medicaid Services, the Executive  
7 Director of the Medicare Payment Advisory  
8 Commission, and the Executive Director of the  
9 Medicaid and CHIP Payment Advisory Com-  
10 mission.

11 (2) AUTHORIZATION FOR ACCESS TO DATA.—

12 (A) IN GENERAL.—The entity maintaining  
13 the health care claims database described in  
14 subsection (b)(5)(A) may only make available  
15 the data described in paragraph (1) to an indi-  
16 vidual or entity described in any of subpara-  
17 graphs (A) through (J) of such paragraph if  
18 such individual or entity submits an application  
19 to such entity requesting authorization for ac-  
20 cess to such database in accordance with this  
21 paragraph.

22 (B) APPLICATION.—An application under  
23 this paragraph shall be submitted at such time,  
24 in such manner, and containing such informa-

1           tion as the Secretary may require and shall in-  
2           clude—

3                   (i) in the case of an individual or enti-  
4                   ty requesting access to the health care  
5                   claims database described in subsection  
6                   (b)(5)(A) for research purposes—

7                           (I) a description of the uses and  
8                           methodologies for evaluating health  
9                           system performance using the data  
10                          from such database; and

11                           (II) documentation of approval of  
12                          such research purposes by an institu-  
13                          tional review board, if applicable for a  
14                          particular plan of research; and

15                   (ii) in the case of a group health plan,  
16                   health insurance issuer, third-party admin-  
17                   istrator of a group health plan, or health  
18                   care provider requesting access to such  
19                   health care claims database for the pur-  
20                   pose of quality improvement or cost-con-  
21                   tainment, a description of the intended  
22                   uses for the data from such database.

23                   (C) DATA USE AND CONFIDENTIALITY  
24                   AGREEMENT.—Upon approval of an application  
25                   under subparagraph (B), the authorized user

1 shall enter into a data use and confidentiality  
2 agreement with the entity that approved such  
3 application, which shall include a prohibition on  
4 attempts to reidentify and disclose protected  
5 health information and proprietary financial in-  
6 formation. In the case of an approval of an ap-  
7 plication for quality improvement or cost-con-  
8 tainment purposes under subparagraph (B)(ii),  
9 access to data from the health care claims data-  
10 base described in subsection (b)(5)(A) shall be  
11 provided in a form and manner such that the  
12 authorized user may not obtain individually  
13 identifiable price information with respect to di-  
14 rect competitors.

15 (3) AVAILABILITY OF REPORTS AND ANALYSES  
16 BASED ON DATA.—

17 (A) IN GENERAL.—Subject to subpara-  
18 graph (B), the entity maintaining the health  
19 care claims database described in subsection  
20 (b)(5)(A), in accordance with policies and pro-  
21 cedures established by the committee described  
22 in subsection (b)(5)(K), shall make available re-  
23 ports or analyses based on data from such data-  
24 base, including aggregate data sets, free of  
25 charge. In the case of any such user who ac-

1           cesses such data for research purposes, such en-  
2           tity shall require such user, as a condition of  
3           accessing such data, that such user make any  
4           research arising from such data available on  
5           such database free of charge.

6                   (B) CUSTOMIZED REPORTS.—Group health  
7           plans and health care providers may request  
8           customized reports from the entity maintaining  
9           the health care claims database described in  
10          subsection (b)(5)(A), at cost, but subject to the  
11          requirements of the HIPAA privacy regulation.

12          (d) SUBMISSION OF DATA TO HEALTH CARE CLAIMS  
13          DATABASE.—

14                   (1) IN GENERAL.—Subject to paragraphs (2)  
15          and (3), a group health plan (through its sponsor,  
16          third-party administrator, pharmacy benefit man-  
17          ager, or other entity designated by the group health  
18          plan) or a health insurance issuer offering group or  
19          individual health insurance coverage shall electroni-  
20          cally submit to the health care claims database  
21          maintained under this section all claims data (in-  
22          cluding claims with respect to treatment of sub-  
23          stance use disorders and prescription drug claims)  
24          with respect to the plan or group or individual  
25          health insurance coverage, respectively. The pre-

1 ceding sentence shall not apply with respect to  
2 claims data submitted to an all-payer claims data-  
3 base established by a State if such database shares  
4 complete data with the database maintained under  
5 this section.

6 (2) SCOPE OF INFORMATION AND FORMAT OF  
7 SUBMISSION.—The entity maintaining the health  
8 care claims database under this section, in consulta-  
9 tion with and approval from the committee convened  
10 under subsection (e), shall—

11 (A) specify the data elements required to  
12 be submitted under paragraph (1) (and update  
13 such elements as the entity determines nec-  
14 essary on an annual basis), which shall include  
15 all data related to transactions described in  
16 subparagraphs (A) and (E) of section  
17 1173(a)(2) of the Social Security Act (42  
18 U.S.C. 1320d–2(a)(2)), including all data ele-  
19 ments normally present in such transactions  
20 when adjudicated, and enrollment information;

21 (B) on an annual basis, specify the form  
22 and manner for submissions under this sub-  
23 section and the historical period to be included  
24 in the initial submission;

1 (C) review such submissions for alignment  
2 with national data standards, internal consist-  
3 ency, cohesiveness (such as cross-file linkage),  
4 completeness, quality assurance, accuracy, and  
5 reasonableness, taking into account input from  
6 group health plans and health insurance  
7 issuers;

8 (D) offer an automated submission option  
9 to minimize administrative burdens relating to  
10 the submission of data under this subsection;

11 (E) develop a data collection standard for  
12 use by State all-payer claims databases receiv-  
13 ing Federal funds pursuant to subsection (h);

14 (F) curate and normalize cross-State and  
15 cross-payer data to support comparability and  
16 analytic use;

17 (G) ensure that States submitting data to  
18 the entity and using such database have access  
19 to claims data from Federal health care pro-  
20 grams and self-insured group health plans at  
21 times and in a manner agreed to by the entity  
22 and the States.

23 (3) DE-IDENTIFICATION OF DATA.—The entity  
24 maintaining the health care claims database under

1       this section, in consultation with the committee con-  
2       vened under subsection (e), shall—

3               (A) establish a process under which data is  
4       de-identified in accordance with section  
5       164.514(a) of title 45, Code of Federal Regula-  
6       tions (or any successor regulations), prior to re-  
7       lease while retaining the ability to link data lon-  
8       gitudinally for the purposes of research on cost  
9       and quality and the ability to complete risk ad-  
10      justment and geographic analysis;

11              (B) ensure that any third-party sub-  
12      contractors who perform the de-identification  
13      process described in subparagraph (A) retain  
14      the minimum necessary information to perform  
15      such process and adhere to effective security  
16      and encryption practices in data storage and  
17      transmission;

18              (C) release claims and other data collected  
19      under this subsection only in de-identified form,  
20      in accordance with section 164.514(a) of title  
21      45, Code of Federal Regulations (or any suc-  
22      cessor regulations), unless otherwise determined  
23      appropriate by the committee convened under  
24      subsection (e); and

1 (D) ensure that data is encrypted, in ac-  
2 cordance with the HIPAA privacy regulation.

3 (4) OTHER DATA.—

4 (A) MEDICAID AND MEDICARE DATA.—The  
5 Administrator of the Centers for Medicare &  
6 Medicaid Services shall submit all health care  
7 claims data with respect to the Medicare pro-  
8 gram under title XVIII of the Social Security  
9 Act (42 U.S.C. 1395 et seq.), including claims  
10 data with respect to items and services fur-  
11 nished under part C or D of such title, and the  
12 Medicaid program under title XIX of such Act  
13 (42 U.S.C. 1396 et seq.) in accordance with  
14 scope, format, and de-identification require-  
15 ments applicable pursuant to paragraphs (2)  
16 and (3).

17 (B) TRICARE.—The Secretary of Defense  
18 shall submit all health care claims data with re-  
19 spect to the TRICARE program under chapter  
20 55 of title 10, United States Code, in accord-  
21 ance with scope, format, and de-identification  
22 requirements applicable pursuant to paragraphs  
23 (2) and (3).

24 (C) FEHB.—The Director of the Office of  
25 Personnel Management shall submit all health

1 care claims data with respect to the Federal  
2 Employee Health Benefits program in accord-  
3 ance with scope, format, and de-identification  
4 requirements applicable pursuant to paragraphs  
5 (2) and (3).

6 (D) STATE DATA.—The entity maintaining  
7 the health care claims database under this sec-  
8 tion may collect data from State all-payer  
9 claims databases that seek access to such health  
10 care claims database. A State receiving funds  
11 under subsection (h) may require health insur-  
12 ance issuers and other payers to submit claims  
13 data (including data from self-insured group  
14 health plans) to a State-mandated all-payer  
15 claims database, provided that such data is sub-  
16 mitted in accordance with the standard de-  
17 scribed in paragraph (1) of such subsection.

18 (5) PROHIBITION.—Any individual or entity re-  
19 quired to submit data under this subsection may not  
20 place any restrictions on the use of such data by au-  
21 thorized users under subsection (c)(2).

22 (e) GOVERNANCE COMMITTEE.—

23 (1) IN GENERAL.—Not later than the date that  
24 is 180 days after the date of the enactment of this  
25 Act, the Secretary shall convene a governance com-

1       committee (referred to in this subsection as the “Com-  
2       mittee”) to advise the Secretary, any entity awarded  
3       a contract under subsection (b), and Congress on  
4       the establishment, operations, and use of the health  
5       care claims database established and maintained  
6       under this section and other activities carried out by  
7       the entity with a contract in effect under this sec-  
8       tion.

9               (2) MEMBERSHIP.—

10               (A) APPOINTMENT.—In accordance with  
11               clause (ii), the Secretary, in consultation with  
12               the Comptroller General of the United States,  
13               shall appoint members to the Committee who  
14               have distinguished themselves in the fields of  
15               health services research, health economics,  
16               health informatics, or the governance of State  
17               all-payer claims databases, or who represent or-  
18               ganizations likely to submit data to or use the  
19               health care claims database established and  
20               maintained under this section, including pa-  
21               tients.

22               (B) COMPOSITION.—For purposes of  
23               clause (i)—

24                       (i) the Secretary shall appoint to the  
25               Committee—

1 (I) one member to serve as the  
2 chair of the Committee, who may not  
3 be a representatives of the Federal  
4 Government or any State Govern-  
5 ment;

6 (II) one representatives from the  
7 Assistant Secretary for Planning and  
8 Evaluation of the Department of  
9 Health and Human Services;

10 (III) one representative from the  
11 Centers for Medicare & Medicaid  
12 Services;

13 (IV) one representative from the  
14 Agency for Health Research and  
15 Quality;

16 (V) one representative from the  
17 Office for Civil Rights of the Depart-  
18 ment of Health and Human Services  
19 with expertise in data privacy and se-  
20 curity;

21 (VI) one representative from the  
22 Office of the National Coordinator for  
23 Health Information Technology; and

24 (VII) one representative of the  
25 National Center for Health Statistics;

1 (VIII) seven representatives from  
2 State all-payer claims databases elect-  
3 ing to submit data to the national  
4 database established by the entity  
5 with a contract in effect under this  
6 section; and

7 (ii) the Comptroller General of the  
8 United States shall appoint to the Com-  
9 mittee—

10 (I) one representative from an  
11 employer that sponsors a group health  
12 plan;

13 (II) one representative from an  
14 employee organization that sponsors a  
15 group health plan or health care pur-  
16 chaser association;

17 (III) two researchers with exper-  
18 tise in health economics or health  
19 services research;

20 (IV) two patient advocates;

21 (V) one health data privacy and  
22 security expert;

23 (VI) one representative with ex-  
24 pertise in the governance of State all-  
25 payer claims databases;

1 (VII) one representative from the  
2 Employee Benefits Security Adminis-  
3 tration of the Department of Labor;  
4 and

5 (VIII) three additional members,  
6 at the discretion of the Comptroller  
7 General.

8 (C) TERMS AND VACANCIES.—Members of  
9 the Committee shall serve three-year terms on  
10 a staggered basis. A vacancy on the Committee  
11 shall be filled by appointment in a manner con-  
12 sistent with the requirements of this subsection  
13 not later than 90 days after the vacancy arises.

14 (3) DUTIES.—The Committee shall (directly or  
15 through the use of contractors)—

16 (A) assist and advise the Secretary on the  
17 awarding and management of contracts award-  
18 ed under subsection (b);

19 (B) assist and advise entities awarded such  
20 contracts in establishing—

21 (i) the appropriate uses of data by all  
22 individuals and entities who are authorized  
23 users pursuant to subsection (e)(2), includ-  
24 ing developing standards for the approval

1 of applications submitted pursuant to such  
2 subsection;

3 (ii) the appropriate formats, methods,  
4 and thresholds for collecting data under  
5 the national database; and

6 (iii) the appropriate formats and  
7 methods for making available to the public  
8 reports and analyses based on the health  
9 care claims database maintained under this  
10 section;

11 (C) conduct an annual review of whether  
12 data from such health care claims database was  
13 used according to the appropriate uses de-  
14 scribed in subparagraph (B)(ii);

15 (D) report, as appropriate, to the Sec-  
16 retary and Congress on the operations of such  
17 health care claims database and opportunities  
18 to better achieve the objectives of this section;

19 (E) establish additional restrictions on re-  
20 searchers who receive compensation from enti-  
21 ties specified by the Committee in order to pro-  
22 tect proprietary financial information;

23 (F) establish objectives for research and  
24 public reporting, including setting strategic, re-  
25 porting, and data release objectives and prior-

1           ities, and including advising on the development  
2           and implementation of a strategic and oper-  
3           ating plan for the entities awarded contracts  
4           under subsection (b);

5           (G) solicit and consider public comments in  
6           undertaking any duty specified in a preceding  
7           subparagraph; and

8           (H) establish minimum State health data  
9           collection, exchange, use, privacy, security, and  
10          release standards for State all-payer claims  
11          databases receiving Federal funds under sub-  
12          section (h).

13          (f) FUNDING.—There are appropriated, out of mon-  
14          ies in the Treasury not otherwise appropriated,  
15          \$50,000,000 for each fiscal year (beginning with fiscal  
16          year 2023), for the implementation of the initial contract  
17          and establishment of the database under this section.

18          (g) ANNUAL REPORT.—Not later than 2 years after  
19          a contract is first awarded to an entity under this section,  
20          and May 1 of each year thereafter, the entity with a con-  
21          tract in effect under subsection (b) shall submit to Con-  
22          gress and the Secretary, and make publicly available on  
23          an internet website, a report containing a description of—

24                  (1) trends in national and regional health serv-  
25          ice prices, coverage and service costs, access gaps,

1 behavioral and substance use disorder treatment  
2 health needs, telehealth adoption, and health care  
3 utilization, including a geographic analysis of dif-  
4 ferences in such trends;

5 (2) limitations in the data set;

6 (3) progress towards the objectives of this sec-  
7 tion;

8 (4) the performance by the entity of the duties  
9 required under such contract; and

10 (5) security methods employed by the entity to  
11 protect data submitted to the entity.

12 (h) GRANTS TO STATES.—

13 (1) IN GENERAL.—The Secretary may award  
14 grants to States for the purpose of maintaining, es-  
15 tablishing, or utilizing State all-payer claims data-  
16 bases that improve transparency of the health care  
17 system (including by updating standards or data  
18 submission requirements) or for the purpose of ex-  
19 panding the capacity of an existing State-all payer  
20 claims database (including integration with other  
21 data resources). A State shall be eligible for a grant  
22 under the preceding sentence only if such State  
23 agrees to report claims data collected under such  
24 State all-payer claims database to the national data-  
25 base established by the entity with a contract in ef-

1       fect under subsection (b) in a time and manner  
2       specified by the entity and to ensure that such data-  
3       base complies with the standard described in sub-  
4       section (d)(2)(E). No State may receive an aggre-  
5       gate of more than \$10,000,000 with respect to all  
6       grants awarded to such State under this subsection,  
7       except that such limit shall not apply to grants  
8       awarded jointly to multiple States for the purposes  
9       of establishing regional all-payer claims databases.

10           (2) ONE-TIME HEALTH DATA INNOVATION  
11       GRANTS.—The Secretary may award each State a  
12       one-time health data innovation grant to allow such  
13       State to undertake activities relating to health data  
14       innovation that the Secretary determines to be of po-  
15       tential national interest.

16           (3) FUNDING.—There is authorized to be ap-  
17       propriated \$40,000,000 for the period of fiscal years  
18       2021 through 2028 for the purpose of awarding  
19       grants to States under this subsection. Of amounts  
20       appropriated under the preceding sentence, not less  
21       than 10 percent of such amounts shall be made  
22       available for grants described in paragraph (2).

23           (i) EXEMPTION FROM PUBLIC DISCLOSURE.—

24           (1) IN GENERAL.—Data submitted to the  
25       health care claims database under subsection (d)

1 shall not be considered public records and shall be  
2 exempt from any Federal law relating to public dis-  
3 closure requirements.

4 (2) RESTRICTIONS ON USES FOR CERTAIN PRO-  
5 CEEDINGS.—Such data may not be subject to dis-  
6 covery or admission as public information or evi-  
7 dence in judicial or administrative proceedings with-  
8 out the consent of the affected parties.

9 (j) DEFINITIONS.—In this section:

10 (1) HIPAA PRIVACY REGULATION.—The term  
11 “HIPAA privacy regulation” has the meaning given  
12 such term in section 1180(b)(3) of the Social Secu-  
13 rity Act (42 U.S.C. 1320d–9(b)(3)).

14 (2) PHSA DEFINITIONS.—The terms “group  
15 health plan”, “group health insurance coverage”,  
16 “health insurance issuer”, and “individual health in-  
17 surance coverage” have the meanings given such  
18 terms in section 2791 of the Public Health Service  
19 Act (42 U.S.C. 300gg–91).

20 (3) PROTECTED HEALTH INFORMATION.—The  
21 term “protected health information” has the mean-  
22 ing given such term in section 160.103 of title 45,  
23 Code of Federal Regulations (or any successor regu-  
24 lations).

1 (4) PROPRIETARY FINANCIAL INFORMATION.—

2 The term “proprietary financial information”—

3 (A) means data that would disclose the  
4 terms of a specific contract between an indi-  
5 vidual health care provider or facility and a spe-  
6 cific group health plan, Medicaid managed care  
7 organization or other managed care entity, or  
8 health insurance issuer offering group or indi-  
9 vidual health insurance coverage; and

10 (B) does not include any billing or pay-  
11 ment information from claims between such a  
12 provider or facility and such a health plan,  
13 managed care organization or other managed  
14 care entity, or health insurance issuer.

15 (k) CONFORMING AMENDMENTS.—

16 (1) PHSA.—Subpart II of part A of title  
17 XXVII of the Public Health Service Act (42 U.S.C.  
18 300gg–11 et seq.) is amended by adding at the end  
19 the following new section:

20 **“SEC. 2730. HEALTH CARE CLAIMS DATABASE REPORTING**  
21 **REQUIREMENT.**

22 “A group health plan and a health insurance issuer  
23 offering group or individual health insurance coverage  
24 shall comply with the provisions of section 1(d) of the Na-  
25 tional All-Payer Claims Database Act of 2022.”.

1 (2) ERISA.—

2 (A) IN GENERAL.—Subpart B of part 7 of  
3 subtitle B of title I of the Employee Retirement  
4 Income Security Act of 1974 (29 U.S.C. 1185  
5 et seq.) is amended by adding at the end the  
6 following new section:

7 **“SEC. 716. HEALTH CARE CLAIMS DATABASE REPORTING**  
8 **REQUIREMENT.**

9 “A group health plan and a health insurance issuer  
10 offering group health insurance coverage shall comply with  
11 the provisions of section 1(d) of the National All-Payer  
12 Claims Database Act of 2022.”.

13 (B) CLERICAL AMENDMENT.—The table of  
14 contents in section 1 of such Act is amended by  
15 inserting after the item relating to section 715  
16 the following new item:

“Sec. 716. Health care claims database reporting requirement.”.

17 (3) IRC.—

18 (A) IN GENERAL.—Subchapter B of chap-  
19 ter 100 of the Internal Revenue Code of 1986  
20 is amended by adding at the end the following  
21 new section:

1 **“SEC. 9816. HEALTH CARE CLAIMS DATABASE REPORTING**  
2 **REQUIREMENT.**

3 “A group health plan shall comply with the provisions  
4 of section 1(d) of the National All-Payer Claims Database  
5 Act of 2022.”.

6 (B) CLERICAL AMENDMENT.—The table of  
7 sections for such subchapter is amended by  
8 adding at the end the following new item:

“Sec. 9816. Health care claims database reporting requirement.”.

9 **SEC. 3. STUDY AND REPORTS BY COMPTROLLER GENERAL.**

10 (a) STUDY.—The Comptroller General of the United  
11 States shall conduct a study on—

12 (1) the performance of each entity awarded a  
13 contract under subsection (b) of section 1;

14 (2) the privacy and security of any data sub-  
15 mitted to such entity under subsection (d) of such  
16 section;

17 (3) the costs incurred by such entity in per-  
18 forming duties under such a contract;

19 (4) any barriers preventing States from access-  
20 ing health claims data from Federal health care pro-  
21 grams or self-insured group health plans that is nec-  
22 essary to effectively oversee State markets;

23 (5) the extent to which the Federal Government  
24 has access to health claims data; and

1           (6) the extent to which health claims data is ef-  
2           ficiently submitted to the national database estab-  
3           lished by such entity and efficiently distributed by  
4           such entity to authorized users of such database.

5           (b) REPORTS.—Not later than two years after the ef-  
6           fective date of the first contract awarded under section  
7           1(b), and again not later than four years after such effec-  
8           tive date, the Comptroller General of the United States  
9           shall submit to Congress a report containing the results  
10          of the study conducted under subsection (a), together with  
11          recommendations for such legislation and administrative  
12          action as the Comptroller General determines appropriate.